

RECEIVED
CENTRAL FAX CENTER

JAN 05 2006

Please type a plus sign (+) inside this box →

PTO/SB/DBA (08-00)

Approved for use through 10/31/2002. OMB 0851-0031
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO		<table border="1"> <tr> <th colspan="2">Complete If Known</th> </tr> <tr> <td>Application Number</td> <td>10/802,085</td> </tr> <tr> <td>Filing Date</td> <td>March 16, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Koch</td> </tr> <tr> <td>Group Art Unit</td> <td>2645</td> </tr> <tr> <td>Examiner Name</td> <td>Chow</td> </tr> <tr> <td>Attorney Docket Number</td> <td>BS00097CIP</td> </tr> </table>		Complete If Known		Application Number	10/802,085	Filing Date	March 16, 2004	First Named Inventor	Koch	Group Art Unit	2645	Examiner Name	Chow	Attorney Docket Number	BS00097CIP
Complete If Known																	
Application Number	10/802,085																
Filing Date	March 16, 2004																
First Named Inventor	Koch																
Group Art Unit	2645																
Examiner Name	Chow																
Attorney Docket Number	BS00097CIP																
INFORMATION DISCLOSURE STATEMENT BY APPLICANT																	
(use as many sheets as necessary)																	
Sheet	1	of	1														

[illegible]

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T *

Examiner Signature		Date Considered	1 - 8 - 06
-----------------------	---	--------------------	------------

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**